Survivorship – Cutaneous Melanoma

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RISK REDUCTION/EARLY DETECTION

MONITORING FOR LATE and/or CHRONIC EFFECTS

PSYCHOSOCIAL FUNCTIONING

SURVEILLANCE

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

Stage 0, NED at 6 months

Stage IA, NED at 2 years

Stage IB – IIA, NED at ≥ 3 years

Stage IIB – IIC, NED at ≥ 3 years

Stage III – IV, NED ≥ 3 years and/or start of immunotherapy ≥ 3 years and off systemic therapy for 1 year

Stage 0: Year 1 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IA: Years 3 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stages IB - IIA: Years 4 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated

Stages IIB - IIIA: Years 4 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated

Stage 0
- Year 1 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IA
- Year 3 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IB – IIA
- Year 3 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IIB – IIC
- Year 3 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage III – IV
- Year 3 and up
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

SURVEILLANCE

See Page 2

POSITIVE FINDINGS?

Yes

Return to primary treating physician

No

Continue survivorship monitoring

DISPOSITION

Stage 0, NED at 6 months
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IA, NED at 2 years
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education

Stage IB – IIA, NED at ≥ 3 years
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated

Stage IIB – IIC, NED at ≥ 3 years
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated

Stage III – IV, NED ≥ 3 years and/or start of immunotherapy ≥ 3 years and off systemic therapy for 1 year
- Annual history and physical examination to include complete skin2 and lymph node basin survey
- Reinforce skin inspection patient education
- Chest x-ray as clinically indicated
- Ultrasound of nodal basin as clinically indicated

NED = no evidence of disease

1 All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer

2 Patients should receive regular skin surveys by a provider experienced with skin cancer detection. Particularly high risk patients (e.g., multiple primary tumors, clinically dysplastic nevi) may benefit from specialty dermatology care.

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Department of Clinical Effectiveness V5

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ELIGIBILITY

19

Melanoma post-treatment and NED

SURVEILLANCE

CONCURRENT COMPONENTS OF VISIT

RECOMMENDED STAGE-GROUP STRATIFIED REFERRAL TO SURVIVORSHIP CLINIC

DISPOSITION

Stages IIB – IIC, NED at ≥ 3 years

Stages IIB – IIC, NED at ≥ 3 years

Stages III – IV, NED ≥ 3 years and/or start of immuno therapy ≥ 3 years and off systemic therapy for 1 year

Yes

- Return to primary treating physician

No

- Continue survivorship monitoring

1 All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer

2 Patients should receive regular skin surveys by a provider experienced with skin cancer detection. Particularly high risk patients (e.g., multiple primary tumors, clinically dysplastic nevi) may benefit from specialty dermatology care.
Survivorship – Cutaneous Melanoma

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

MONITORING FOR LATE and/or CHRONIC EFFECTS

Melanoma post-treatment and NED

RISK REDUCTION/EARLY DETECTION

PSYCHOSOCIAL FUNCTIONING

Assess for:
- Lymphedema (upper and lower limbs)
- Range of motion
- Assess and manage autoimmune complications\(^1\)
  - Co-manage chronic autoimmune adverse events with appropriate organ site specialist
  - Evaluate newly emergent inflammatory conditions as potential late autoimmune adverse events

Patient education, counseling, and screening:
- Lifestyle risk assessment\(^2\)
  - Sun and tanning bed exposure counseling
- Cancer screening\(^3\)
- HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
- Screening for Hepatitis B and C as clinically indicated (see Hepatitis B Virus (HBV) Screening and Management, Hepatitis C Virus (HCV) Screening algorithms)
- Consider cardiovascular risk reduction\(^4\)
- Vaccinations\(^5\) as appropriate

Assess for:
- Distress management (see Distress Screening and Psychosocial Management algorithm)
- Body image
- Financial stressors
- Social support

DISPOSITION

Refer or consult as indicated

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1 Though most immune-related adverse events (irAEs) occur while on immunotherapy, some irAEs can manifest late and/or treatment-emergent irAEs may become chronic. Endocrine organ irAEs (ie hypothyroidism, adrenal insufficiency, Type 1 Diabetes Mellitus) are permanent and must be treated with life-long hormonal replacement with appropriate monitoring. Other irAEs, most commonly rheumatological or neurological, may be chronic or relapsing/remitting and require chronic immunosuppression. These chronic irAEs should be co-managed with appropriate organ site specialist. Thyroid function should be monitored annually in patients with immunotherapy exposure and the possibility of late irAEs considered for new inflammatory issues.

2 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

3 Includes breast, cervical (if appropriate), colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

4 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

5 Based on Centers for Disease Control and Prevention (CDC) guidelines

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SUGGESTED READINGS


Survivorship – Cutaneous Melanoma

This survivorship algorithm is based on majority expert opinion of the Melanoma Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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